

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038166

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9793

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

12-3-63

Unknown

Matthie Williams

13b

DOCUMENT

BY AFFIDAVIT OF Funeral Director

FILED OCT 4 1963

a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3752 Cook		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 3752 Cook		e. (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last John Butler Williams			4. DATE OF DEATH Month Day Year Sept 28 1963			5. SEX Male			6. COLOR OR RACE Negro		
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			8. DATE OF BIRTH 12/24/1886			9. AGE (last birthday) 76			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		
11. BIRTHPLACE (City and state or country) Pulaski County, Tenn			12. CITIZEN OF WHAT COUNTRY U. S. A			13a. FATHER'S NAME David Williams			13b. MOTHER'S MAIDEN NAME Unknown Matthe Williams		
14. NAME OF HUSBAND OR WIFE Georgia Williams			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. [Redacted]			17. INFORMANT Mrs. Artelia L. Gordon 3754 Cook Avenue		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease DUE TO (b) 420.0 DUE TO (c)			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH 77		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION St. Louis			20g. COUNTY St. Louis County, Mo.		
20h. STATE Mo.			21. I attended the deceased from 9/26/63 to 9/28/63 Death occurred at 5 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) J. P. [Signature]			22b. ADDRESS 2622 N. Union		
22c. DATE SIGNED OCT 1 1963			23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE 10-5-63			23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		
23d. LOCATION (City, town, or county) St. Louis County, Mo.			23e. (State)			24. FUNERAL DIRECTOR P.B. [Signature]			25. DATE RECD. BY LOCAL REG. OCT 1 1963		
26. REGISTRAR'S SIGNATURE Earl Smith M.D.											

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Glenn Spooner

Licensed Embalmer No.

4755

P. O. Address

1221 Iron

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.